

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039312

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 173

173

Primary Registration District No. 4372

4372

Registrar's No. 79

79

FILED OCT 24 1962

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middleton Township		c. CITY OR TOWN Kansas City, Kansas	
Length of stay in 1b minutes		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles west Waverly		d. STREET ADDRESS (If outside, give location) 1701 N. 24th	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Franklin Middle Joseph Last Kapeller		4. DATE OF DEATH Month Oct. Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1938
9. AGE (last birthday) 24		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Book Binder		10b. KIND OF BUSINESS OR INDUSTRY River Boat	
11. BIRTHPLACE (City and state or country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin F. Kapeller		13b. MOTHER'S MAIDEN NAME Dora Brengarth	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. INFORMANT Ben F. Kapeller, Kansas City, Kans.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures / long bones DUE TO (b) Path fracture, 3rd rib, thoracic & whole lower jaw, Probable skull fracture DUE TO (c) Probable fracture / Cervical spine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Head on motor car collision PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Probably went to sleep & called head on		20c. TIME OF INJURY Hour 6:20 a.m. Month, Day, Year Oct 15-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On US 24 3 miles west / Waverly	
20f. CITY, TOWN, OR LOCATION Waverly		COUNTY Lafayette STATE Mo.	
21. I attended the deceased from after death , to never and last saw him alive on never Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. E. Martin M.D. Coroner		22b. ADDRESS Odena Mo.	
22c. DATE SIGNED 10-15-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-18-62		23c. NAME OF CEMETERY OR CREMATORY Slater	
23d. LOCATION (City, town, or county) Slater: Mo.		(State)	
24. FUNERAL DIRECTOR Gibson Funeral Home Waverly, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 15, 1962	
26. REGISTRAR'S SIGNATURE Lutie J. Jordan			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10-540
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OCT 25 1962

APR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.